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### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# OVAL 3235-0076 15 rden ....1.00

#### FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC US	SE ONLY
Prefix	Serial
DATE R	LECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate	e change.)
Series A Preferred Stock and Common Stock Exchange Offering	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 50	6 ☐ Section 4(6); EIVE ☐ OLOE
Type of Filing:   ☐ New Filing ☐ Amendment	
A. BASIC IDENTIFICATION DATA	2001 - 1 2001
Enter the information requested about the issuer	MOA OF TOOL
Name of Issuer ( Check if this is an amendment and name has changed, and indicate changed	ange.)
3am Labs, Inc.	185
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
500 Unicorn Park Drive, Woburn, MA 01801	800-993-1790
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business NOV 0 3 200	
Computer software development and distribution	
Type of Business Organization	<u> </u>
☐ limited partnership, already formeFINANCIA	other (please specify):
☐ business trust ☐ limited partnership, to be formed	
Month Ye	ear
Actual or Estimated Date of Incorporation or Organization: 0 8 0	4 ⊠ Actual □ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service	<del></del>
abbreviation for State; CN for Canada; FN for other foreign jurisdiction)	D E

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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#### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Simon, Michael
Business or Residence Address (Number and Street, City, State, Zip Code)
500 Unicorn Park Drive, Woburn, MA 01801
Check Box(es) that Apply: Promoter 🗵 Beneficial Owner 🗆 Executive Officer 🗵 Director 🗈 General and/or Managing Partner
Full Name (Last name first, if individual)
Benson, Woody
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Prism Venture Partners, 100 Lowder Brook Drive, Suite 2500, Westwood, MA 02090
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Maki, Pekka
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Amaco (Netherlands) B.V., Amsteldijk 166, 1079 LH Amsterdam, The Netherlands
Check Box(es) that Apply.   Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner
Full Name (Last Name first, if individual)
Anka, Marton
Business or Residence Address (Number and Street, City, State, Zip Code)
Bela Kiraly 34/B; Budapest, Hungary 1021
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Duzs, Stephen
Business or Residence Address (Number and Street, City, State, Zip Code)
Ho Utec 4, Budapest, Hungary 1121
Check Box(es) that Apply: Promoter Beneficial Owner Dexecutive Officer Director General and/or Managing Partner
Full Name (Last Name first, if individual)
Integral Capital Partners VI, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code)
3000 Sand Hill Road, Bldg. 3, Suite 240, Menlo Park, CA 94025
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Prism Venture Funds IV, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code)
100 Lowder Brook Drive, Suite 2500, Westwood, MA 02090

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:
Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities
of the issuer;
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Technologieholding Central and Eastern European Funds NV
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Amaco (Netherlands) B.V., Amsteldijk 166, 1079 LH Amsterdam, The Netherlands
Check Box(es) that Apply: Deromoter Beneficial Owner Dexecutive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)  Technologieholding Central and Eastern Europeanparallel Funds BV
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Amaco (Netherlands) B.V., Amsteldijk 166, 1079 LH Amsterdam, The Netherlands
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last Name first; if individual)
Business or Residence Address (Number and Street, City, State; Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual).
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)
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					B. IN	FORMAT	ION ABO	OUT OF	FERING					
1.	Has the is	suer sold,				l, to non-a				ering?			Yes	No 🗵
2.	Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?									\$ N	/A			
											Yes	No		
3.	Does the offering permit joint ownership of a single unit?											X		
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)													
	ame (Last r I <b>amee Law</b>			ual)										
	ess or Resid			her and St	reet City	State Zin	Code)							
	ylston St.,					otate, zip	Code							
Name	of Associat	ed Broke	or Dealer						•					
States	in Which P	erson Lis	ted Has Sc	licited or	Intends to	Solicit Pu	rchasers							
	ck "All Stat												☐ All States	
[AL]	[AK]	[AZ]	[AR]	CA	[CO]	CT	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	MA	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
[KI]	[SC]	נטטן	[114]		[UI]	[ 1 ]	[VA]	[WA]	[ ** * ]	[ 44 1]	[ 44 1 ]	[1 17]		
Full N	ame (Last r	name first	, if individ	ual)		· · · · · · · · · · · · · · · · · · ·			1					
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name	of Associat	ed Broke	or Dealer											
	in Which P												☐ All States	
	[AK]							[DC]	[FL]	[GA]		[ID]	<b>—</b> / / / / / / / / / / / / / / / / / / /	,
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (Last r	name first	if individ	ual)	····-		<u>-</u>							
Busine	ss or Resid	ence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)	<del></del>		· · · · · · · · · · · · · · · · · · ·				
Name	of Associat	ed Broker	or Dealer						1					
	in Which P												☐ All States	
[AL]	[AK]	[AZ]	[AR]	(CA)	, [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	- An States	•
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<sup>\*</sup>Finder was also issued a warrant, exercisable for 247,455 Shares of Common Stock

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

#### **EXCHANGE REPORTING**

	securities offered for exchange and already exchanged.		
	Type of Security	Aggregate of Exchange Offering – Preferred Stock	Amount Already Exchanged – Common Stock
	Debt		
	Equity Common Preferred	656,842	793,000
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)		
	Total	656,842	793,000
]	Exchange Conversion: 1.2073 shares of Common Stock for each share of Series A Preferred Stoc	k for no consideratio	on.
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e NOT APPI	LICABLE
		Number of Investors	Aggregate Amount of Share Exchanged
	Accredited Investors	8	\$656,842
	Non-Accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		LICABLE
	Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees  Sales commission (specify finders' fees separately)  Other Expenses (identify)  Total		

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#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this

	box $\square$ and indicate in the columns below the amounts of the securities offered for exchange at already exchanged.	nd	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
sje	Equity ☐ Common ☑ Preferred	\$5,665,134.64	\$ 5,665,134.6
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Tetal	\$ 5,665,134.64	\$5,665,134.64
41.	Amount sold includes conversion of a \$25,132.92 convertible promissory note held by a certain	investor.	
A	mount excludes Foreign Investments		
1	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicated the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	ite	Aggregate Dolla
		Investors	Amount of Purchases
	Accredited Investors	9	\$5,665,134.64
	Non-Accredited Investors	***************************************	\$
	Total (for filings under Rule 504 only)		\$
	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.		PLICABLE
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the issue. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	er.	
	Transfer Agent's Fees.  Printing and Engraving Costs.  Legal Fees.  Accounting Fees.  Engineering Fees.  Sales commission (specify finders' fees separately)  Other Expenses (identify) finders' fee.  Other Expenses Blue Sky filing fees.		\$\$ \$100,000.00 \$\$ \$\$ \$\$ \$\$ \$\$
	Outer Expenses Dide Sky Hillig Ices	☒	<u> </u>

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	and total expenses furnished in response to gross proceeds to the issuer."					5,37	9,434.64
•	Indicate below the amount of the adjuste each of the purposes shown. If the amount he box to the left of the estimate. The proceeds to the issuer set forth in response	nt for any purpose is not the total of the payments	known, furnish an estin listed must equal the	mate and	check		
					Payments to Officers, Director & Affiliates	S	Payments to Others
	Salaries and fees		•••••	🗆	\$		\$
	Purchase of real estate			. 🗆	\$		\$
	Purchase, rental or leasing and installatio	n of machinery and equip	ment	. 🗆	\$		\$
	Construction or leasing of plant buildings	and facilities		. 🗆	\$		\$
	Acquisition of other business (including to may be used in exchange for the assets or		. •		\$		\$
	Repayment of indebtedness				\$		\$
	Working capital			🗆	\$	X	\$5,379,434
	Other (specify):			🗆	\$		\$
	Column Totals			🗆	\$		\$
	Total Payments Listed (column totals add	led)			⊠ \$5		1 64
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					· · · · · · · · · · · · · · · · · · ·	<del></del> ;	
		D. FEDERAI	SIGNATURE				
sig	ne issuer has duly caused this notice to be so gnature constitutes an undertaking by the is formation furnished by the issuer to any no	suer to furnish to the U.S	Securities and Exchar	nge Comr	nission, upon writte		
I	ssuer (Print or Type)	Signature	,	Date			
3	Bam Labs, Inc.	- 11/h	!	0	et 27		,2004
ì	Name of Signer (Print or Type)	Title of Signer (Print or	Type)				
Ι.	Michael Simon	President, Treasu	rer and Assistant Se	cretary			

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